

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
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44	/					
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47	/					
48	/					
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/				
52	/				
53	/				
54	/				
55		2			
56		2			
57					
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98					
99					
100					
TOTAL IND.	13				
TOTAL DEP.	45				
TOTAL CLAIMS	58				